et		THE DIVISION OF HE	ALTH OF MISSOL	JRI	20000
FILED NO	V 10 1950	STANDARD CERTIF	ICATE OF DEA	ATH State	File No
81RTH NO		REG. DIST. NO. 47	PRIMARY REG. DIST.	10. 3008 Regis	trar's No. 366
a. COUNTY	Merca	an .	2. USUAL RESID	DENCE (Where deceased the b. COU	red. If institution: residence before NTY Salument
TOWN Fu	Con	township) STAY (in this place)	C. CITY (If outside out	rporate limita, write RURAL as	d give township)
ואולדודנידוסא כ	(If pot is hospital or in	utitution, give street address or locations	d. STREET ADDRESS	(If tural, give location)	. /
3. NAME OF DECEASED (Type or Print)	9. (First) ATHRIN	RIRD	HACKL	4. DATE OF DEATH	(Month) (Day) (Year)
5. SEX / 6.	White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of working life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIBTSPLACE (State	or (arelen sountry)	12. CITIZEN OF WHA COUNTRY? America
Joseph L	factles	13b. MOTHER'S MAIDEN	Mains	14. NAME OF HUSBANI	OR WIFE
Yes an or unitarya) (II	R IN U.S. ARMED F	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT'	S SIGNATURE OR N	AME ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR CO DIRECTLY LEADIN	NDITION $\cap V$.	ertification Myse	resolter	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such	ANTECEDENT CAI		U		
as heart failure, asthenia, etc. It means the dis-	rise to the above can the underlying caus	, if any, giving DUE TO (b) use (a) stating se last			
east, injury, or complica- tion which caused death.		ICANT CONDITIONS uting to the death but not e or condition causing death.	tuelital	nellest	4222
19a. DATE OF OPERA- TION		INGS OF OPERATION	- www	The same of the sa	20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2 be	1b. PLACE OF INJURY (e.g., in or about ome, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (CO	UNTY) (STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (H	21e. INJURY OCCURRED WHILE AT WORK AT WORK	21f. HOW DID INJURY	OCCUR?	
22. I hereby certify to alive on Lo	/ 4 ///		1910, to 20	ne causes and on the d	nat I last saw the deceased
23. SIGNATURE	moles	O (Degree or title)	236 ADDRESS	Mo	23c. DATE SIGNED
249 BURIAL CHEMA TION, REMOVAL BOOMS	24b. DATE	24c. NAME OF CEMETER	OR CREMATORY	24d. LOCATION (Olty, tow	
DATE REC'D BY LOCAL NOV-3-1950			25. EUMERAL DIRECT	Heefer Hons	Magauill
		(Licensed Embelmer's Sc	stement on Reverse Side	7	-/ / ONO

DISTRICT HEALTH OFFICE NO. 4

RIGH NO. — 6 1950

MAY 3 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by______

working under my personal supervision.

H Walf

t Embalmar

Licensed Embalmer No. 37

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.